

# STATE OF MICHIGAN

## HUMAN RESOURCES

### CHECKLIST FOR NEW EMPLOYEE ORIENTATION

Name	Hire Date
Work Location	Immediate Supervisor
Position Title	Employee ID#

**Human Resources Office/Agency Liaison:** The following items are considered essential. This information must be provided and each item must be discussed with the employee.

**Department/Agency Information**

☐ Mission/Vision of the Department/Agency      ☐ Organizational Chart  
☐ Position Description      ☐ Employee Handbook (if available)

**State Government Information**

☐ Organizational Chart      ☐ Brochure/Video "Working for Michigan"      ☐ EEO

**Insurances**

☐ COBRA      ☐ \*Health Care      ☐ \*Dental Care  
☐ \*Life      ☐ \*Long Term Care      ☐ \*Long Term Disability  
☐ Open Enrollment      ☐ \*Vision Care      ☐ \*Mutual of Omaha (Accidental Death & Dismemberment)

**Income Tax Withholding Forms\***

☐ Provided

**Form I-9 (Employment Eligibility Verification)\***

☐ Provided

**Tax Deferral Programs**

☐ Deferred Compensation      ☐ Flexible Spending Accounts  
☐ Michigan Education Savings Program (state income tax)      ☐ Pre-tax Parking (if applicable)

**Leave Information**

☐ Annual Leave (Initial grant/ accrual/Oct.-1 grant/AL probation)      ☐ Sick Leave  
☐ School Participation Leave      ☐ Family Medical Leave (FMLA)      ☐ Leaves of Absence

**Payroll Information**

☐ DCDS/Timesheets      ☐ Electronic Funds Transfer (EFT)      ☐ Longevity Information  
☐ Paid Holidays      ☐ Pay Days/1<sup>st</sup> Pay Date      ☐ \*Retirement (Defined Contribution Plan)  
☐ Savings Bonds      ☐ State Employees Combined Campaign      ☐ \*Union Membership Dues (if applicable)  
☐ Pay Rate/Step Increases/Reclassification      ☐ Performance Pay Plan (if applicable)

**Policy Information**

☐ Agency Policies/Work Rules  
☐ Civil Service Rules and Regulations ([www.state.mi.us/mdcs](http://www.state.mi.us/mdcs))  
☐ \*Conflict of Interest/Disclosure      ☐ \*Discriminatory Harassment      ☐ \*Drug and Alcohol Testing  
☐ Probationary Period      ☐ Performance Ratings      ☐ Workplace Safety  
☐ \*Oath of Office      ☐ Supplemental Employment

**Miscellaneous**

☐ Emergency Contact Information      ☐ \*Computer Usage      ☐ Michigan Education Trust (MET)  
☐ Employee Service Program (ESP)      ☐ \*Beneficiary Forms      ☐ Accident/Injury Reporting  
☐ Notice of Military Service Credit Option      ☐ Picture ID/Security Card      ☐ Retirement Information  
☐ Dept. Tuition Reimbursement (if available)      ☐ Professional Development Fund (NEREs only)  
☐ State of Michigan, Employee Self Service      ☐ Vendor Web Registration Notification

**Employee Acknowledgement:** I certify that I have received the above information from the Human Resource Office. It is my responsibility to read and comply with all departmental/Civil Service policies, rules, and regulations.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Orientation completed by \_\_\_\_\_ Date \_\_\_\_\_